

EXPORT-IMPORT BANK OF THE UNITED STATES (EX-IM BANK)

BROKER REGISTRATION FORM

Insurance brokers and agents are eligible for commission payments under Ex-Im Bank export credit insurance policies if the broker or agent is registered with Ex-Im Bank and is appointed as broker-of-record by the policyholder either by designation on an insurance policy application or by separate letter.

Name of Brokerage: _____

Contact: _____ Title: _____

Address: _____ PO BOX: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Tax ID #: _____ DUNS #: _____ No. of Employees: _____

Indicate (Not Required) if owned by a ☐ woman or ☐ an ethnic minority, describe _____.

Other lines of brokered insurance: _____.

Do you have other offices you wish to register (to be eligible for commissions)? ☐ No ☐ Yes

If "Yes", please list firm's name, address, telephone number, fax number and contact person on a separate sheet.

A list of registered insurance brokers is published periodically and may be distributed to unbrokered applicants.

Please indicate here if you **DO NOT** wish your name released. ☐

1. A Registration Fee of **\$85.00** is required, for which you will also receive a copy and updates of the "Ex-Im Bank Users' Guide".
2. You are required to review, understand and **sign** the attached "Standards of Service".
3. Attach a copy of a current, valid insurance brokerage **license**.
4. Forward the attached Authorization for Automated Deposits form.
5. **For applications submitted prior to January 1, 2000 submit an Ex-Im Bank Y2K survey.**
6. The undersigned declares that it is not currently, nor has it been within the preceding three years: (1) debarred, suspended or declared ineligible from participating in any Federal transaction; or (2) formally proposed for debarment, with a final determination still pending; (3) voluntarily excluded from participation in a Federal transaction; or (4) indicted, convicted or had a civil judgement rendered against it for any of the offenses listed in the Regulations governing Debarment and Suspension (Governmentwide Nonprocurement Debarment and Suspension Regulations; Common Rule).
7. The undersigned states, to the best of his or her knowledge and belief, that if any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of a Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. If Form-LLL is necessary, it may be obtained from Ex-Im Bank.
8. The applicant certifies that it is not delinquent on any amounts due and owing the U.S. Government or its agencies or instrumentalities as of the date of this application.
9. The applicant understands that this certification is subject to the penalties for fraud provided in Article 18, US Code, Section 1001.
10. The Paperwork Reduction Act. Article 5, Code of Federal Regulations Section 1320.8(b)(3) requires Ex-Im to advise applicants:
 - (1) the information collected in this application is **necessary to determine the eligibility** of the request.
 - (2) the information collected will be analysed to **determine the ability** of the participants to perform.
 - (3) **public burden** reporting for this collection of information is estimated to average 1/2 hour per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send **comments** regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.
 - (4) Ex-Im Bank requires responses to the questions in this application under the **authority** of the Export-Import Bank Act of 1945.
 - (5) the information collected will be held **confidential** subject to the Freedom of Information Act Article 5, US Code, Section 552.
 - (6) Ex-Im may not require the information requested in this application and applicants are not required to respond unless a currently valid OMB control number is displayed on the form (see upper right of each page).

Signature: _____ Print Name: _____ Title: _____ Date: _____

Send this application to Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.

The Ex-Im Bank website is <http://www.exim.gov>

INSURANCE BROKERS STANDARDS OF SERVICE

1. To act in a professional, reasonable, prudent and forthright manner in all dealings with your client and Ex-Im Bank.
2. To stay knowledgeable about not only Ex-Im Bank export credit insurance but alternatives, including other Ex-Im Bank programs, other U.S. government programs, and private sector products as well, in order to provide the best options to your clients.
3. To educate your clients about Ex-Im Bank's Insurance Program and policies, its' benefits and proper usage.
4. To serve as your clients' primary contact for any questions concerning the policies and the servicing of a policy.
5. To review all applications and issuances of policies, actions under policies, renewals of policies and credit limits, and claims, for timeliness, completeness, accuracy and reasonableness.
6. To review correspondence from Ex-Im Bank with your clients, including quotes and credit limits, to assist them in understanding the coverage and their responsibilities.
7. To assist your clients to comply with the Agreements of the Insured including shipment reports, premium payment and reports of overdue accounts, and to advise Ex-Im Bank of any potential claims.
8. To report policy cancellations and submit a premium reconciliation to Ex-Im Bank.
9. To provide as much assistance to the policyholder as is possible in order to maximize the benefits of the policy.

I have read the above standards, agree that they are reasonable, and will comply with these standards.

I understand and agree that substantial failure by me to comply with these standards could result in withdrawal from the list of registered insurance brokers published by Ex-Im Bank and cancellation of eligibility for commission payments under Ex-Im Bank export credit insurance policies.

Name of Brokerage

Signature of Broker

Date

Print Name

EXPORT-IMPORT BANK OF THE UNITED STATES**AUTHORIZATION FOR AUTOMATED DEPOSITS
(ACH CREDITS)**

I hereby authorize the Export-Import Bank of the United States hereinafter called **Ex-Im Bank**, to initiate credit entries to my [] **CHECKING** [] **SAVINGS account** ☒ **(check one)** indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NUMBER:

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ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until Ex-Im Bank has received written notification from me of its termination in such time and in such manner as to afford Ex-Im Bank a reasonable opportunity to act on it.

BROKER NAME _____
(please print)

BROKER NO. _____ TAX ID NUMBER _____

SIGNATURE _____ DATE _____

PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT NAMED ABOVE
-----**FOR EX-IM BANK USE ONLY**

DATE RECEIVED _____

PROCESSED BY _____

Return to: Export-Import Bank of the United States
Director - Broker Relations
811 Vermont Avenue, N.W.
Washington, DC 20571

EXPORT-IMPORT BANK OF THE UNITED STATES (EX-IM BANK)
BROKER COMMISSION SCHEDULE
FOR EXPORT CREDIT INSURANCE POLICIES

Effective: October 1, 1994

BROKER ELIGIBILITY

Insurance brokers and agents are eligible for commission payments under Ex-Im Bank export credit insurance policies if the broker or agent is **registered** with Ex-Im Bank and is **appointed** as broker-of-record by the policyholder. The policyholder reserves the right to appoint, delete or change the broker of record at any time. Brokers of record are entitled to any commissions due on premiums paid prior to a change in the broker of record.

COMMISSION RATES

Commission rates paid by Ex-Im Bank are based on the type of policyholder to which the policy is issued, as shown in the chart below:

Type of Policyholder	Commission Rate (percentage of premium)
Financial Institutions	8%
Exporters	
Small Business	30%*
Multi-Buyer Policyholders	12%
Single-Buyer Policyholders	10%
Administrators	
Umbrella Policy	30%*
Trade Association Policy	10%
Lessors	
(whether a financial institution or an exporter)	
Operating Lease Policy	20%
Financing Lease Policy	10%

*At Ex-Im Bank's discretion, this percentage will increase to 40% for those brokers who meet certain criteria regarding support of small business.

COMMISSION PAYMENTS

- The full amount of all premiums are due at the appropriate lockbox on or before the date specified in the policy. Insurance brokers should not remit premiums "net" of commission.
- Commission payments will be made monthly.
- No commission payments will be made on advance premium.

BROKER CHANGES ON EXISTING POLICIES

Ex-Im Bank policyholders may appoint or change their insurance broker at any time. Insurance brokers appointed after a policy is issued will be recognized on the first day of the next month after the receipt of the policyholder's written notice appointing an insurance broker of record.

Acknowledgment by Ex-Im Bank of a policyholder's appointed insurance broker is made by means of a policy endorsement. Insurance brokers acknowledged by Ex-Im Bank are eligible for commissions with respect to transactions occurring after the effective date of the endorsement.

WHO TO CONTACT: For additional information, please contact a Regional Office or:

EXPORT-IMPORT BANK OF THE U.S., INSURANCE DIVISION

811 VERMONT AVENUE, N.W., WASHINGTON, D.C. 20571

TEL NO (202) 565-3630 or 1-800-565-EXIM

FAX NO. (202) 565-3675

INTERNET <http://www.exim.gov>

Regional Offices: MIDATLANTIC (202) 565-3940 MIDWEST (312) 353-8041

NORTHEAST (202) 466-2950

SOUTHEAST (305) 526-7425

SOUTHWEST (281) 721-0465 WEST: LosAngeles (562) 980-4580, SanJose (408) 271-7300ext104